

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90073 035 ***150.00

DOCUMENT # P97000095226

1. Entity Name

NEW LAKE CITY SPEEDWAY, INC.



Principal Place of Business
287 ROXANNE CT
LAKE CITY FL 32025

Mailing Address
287 ROXANNE CT
LAKE CITY FL 32025



2. Principal Place of Business - No P.O. Box #

16018 221st Rd

Suite, Apt. #, etc.

3. Mailing Address

16018 221st Rd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Live Oak FL

City & State

Live Oak FL

4. FEI Number 06-1493871

Applied For

Not Applicable

Zip

32060

Country

USA

Zip

32060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROTEN, MICHAEL
287 S.E. ROXANNE COURT
LAKE CITY FL 32025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BROTEN, ROBERT A
STREET ADDRESS 47 FRONT ST
CITY- ST- ZIP NORWICH NY 13815 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME BROTEN, MICHAEL
STREET ADDRESS 287 S.E. ROXANNE CT.
CITY- ST- ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Robert T Broten Robert Broten

01-20-07

386 776 2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone